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| <b>TRANSMITTAL FORM</b><br><i>(to be used for all correspondence after initial filing)</i> | Application Number     | 10/064,286        |
|  | Filing Date            | 06/28/2002        |
|  | First Named Inventor   | HELLAKER          |
|  | Group Art Unit         | 2681              |
|  | Examiner Name          | Not Assigned      |
| Total Number of Pages in This Submission   | Attorney Docket Number | 07589.0038.PCUS00 |

| ENCLOSURES (check all that apply)  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><br><input checked="" type="checkbox"/> Fee Attached<br><br><input checked="" type="checkbox"/> Preliminary Amendment<br><br><input type="checkbox"/> After Final<br><br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input type="checkbox"/> Extension of Time Request<br><br><input type="checkbox"/> Express Abandonment Request<br><br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><br><input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Assignment Papers (for an Application)<br><br><input type="checkbox"/> Proposed Amended Drawings<br><br><input type="checkbox"/> Licensing-related Papers<br><br><input type="checkbox"/> Petition<br><br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Declaration/Power of Attorney - Revocation of Prior Powers<br><br><input type="checkbox"/> Terminal Disclaimer<br><br><input type="checkbox"/> Request for Refund<br><br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><br><input type="checkbox"/> Proprietary Information<br><br><input type="checkbox"/> Status Letter<br><br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>Postcard.</b> |
| Remarks  |  | Please change the Attorney Docket No. on all future correspondence to 07589.0038.PCUS00.<br><b>3</b>  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |   |
|--|---|
| Firm or Individual name                    | HOWREY SIMON ARNOLD & WHITE, LLP<br>David P. LeCroy |
| Date                                       | 09/04/2002  |

| CERTIFICATE OF HAND DELIVERY  |                  |      |          |
|---|------------------|------|----------|
| I hereby certify that this correspondence is being hand delivered to the United States Patent and Trademark Office, Arlington, VA. 22202 on this date: 09/04/2002 |                  |      |          |
| Typed or printed name   | Daniel Hernandez |      |          |
| Signature   |                  | Date | 9/4/2002 |

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|  |  | Application Number       | 10/064,286        |
|  |  | Filing Date              | 06/28/2002        |
|  |  | First Named Inventor     | HELLAKER          |
|  |  | Examiner Name            | Not Assigned      |
|  |  | Group / Art Unit         | 2681              |
| TOTAL AMOUNT OF PAYMENT (\$)   |  | 910                      |                   |
|  |  | Attorney Docket No.      | 07589.0036.PCUS00 |

| <b>METHOD OF PAYMENT (check all that apply)</b>   |                       |                |                       |  | <b>FEE CALCULATION (continued)</b>  |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
|---|-----------------------|----------------|-----------------------|--|---|-----------------------|----------------|-----------------------|-----------------|----------|-----------------------|----------|-----------------------|-----------------|--------------------|-----|--------------------|-----|-----|-------------------------------------|-------------------|-----------------------|----------------|-----------------------|-----------------|---|------------------|-----|-----|-----|------------------------|---------------------------|--------------------|-----|-------|-----|-----------------------------------|--|------------------------|-----|--------------|-----|---------------------------------------|--|-----|----------|--------|-----|--|---|-----|-----|-----|-----|--|--|--------------|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|--------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------------|--|--|--|--|--|-----------------------------------|--|--|--|--|--------------|----------|
| <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None  |                       |                |                       |  | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td>130</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>920</td><td>217</td><td>460</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,440</td><td>218</td><td>720</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,960</td><td>228</td><td>980</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>160</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>160</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>140</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,280</td><td>241</td><td>640</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,280</td><td>242</td><td>640</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>460</td><td>243</td><td>230</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>620</td><td>244</td><td>310</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17 (q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146</td><td>740</td><td>246</td><td>370</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>740</td><td>249</td><td>370</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>740</td><td>279</td><td>370</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify) _____</td></tr> <tr> <td colspan="5">*Reduced by Basic Filing Fee Paid</td> <td style="text-align: right;">SUBTOTAL (3)</td> <td style="border: 1px solid black; text-align: center;">(\$ 170)</td> </tr> </tbody> </table> |                       |                |                       |                 | Fee Code | Large Entity Fee (\$) | Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid           | 105 | 130                | 205 | 65  | Surcharge - late filing fee or oath | 130               | 127                   | 50             | 227                   | 25              | Surcharge - late provisional filing fee or cover sheet. |                  | 139 | 130 | 139 | 130                    | Non-English specification |                    | 147 | 2,520 | 147 | 2,520                             | For filing a request for reexamination |                        | 112 | 920*         | 112 | 920*                                  | Requesting publication of SIR prior to Examiner action |     | 113      | 1,840* | 113 | 1,840*   | Requesting publication of SIR after Examiner action |     | 115 | 110 | 215 | 55   | Extension for reply within first month |              | 116 | 400 | 216 | 200 | Extension for reply within second month |  | 117 | 920 | 217 | 460 | Extension for reply within third month |  | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month |  | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119 | 320 | 219 | 160 | Notice of Appeal |  | 120 | 320 | 220 | 160 | Filing a brief in support of an appeal |  | 121 | 280 | 221 | 140 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,280 | 241 | 640 | Petition to revive - unintentional |  | 142 | 1,280 | 242 | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230 | Design issue fee |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17 (q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) _____ |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  | SUBTOTAL (3) | (\$ 170) |
| Fee Code  | Large Entity Fee (\$) | Fee Code       | Small Entity Fee (\$) | Fee Description  |   |                       |                |                       |                 | Fee Paid |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 105   | 130                   | 205            | 65                    | Surcharge - late filing fee or oath  | 130   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 127   | 50                    | 227            | 25                    | Surcharge - late provisional filing fee or cover sheet.                    |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 139   | 130                   | 139            | 130                   | Non-English specification  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 147   | 2,520                 | 147            | 2,520                 | For filing a request for reexamination                                     |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 112   | 920*                  | 112            | 920*                  | Requesting publication of SIR prior to Examiner action                     |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 113   | 1,840*                | 113            | 1,840*                | Requesting publication of SIR after Examiner action                        |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 115   | 110                   | 215            | 55                    | Extension for reply within first month                                     |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 116   | 400                   | 216            | 200                   | Extension for reply within second month                                    |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 117   | 920                   | 217            | 460                   | Extension for reply within third month                                     |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 118   | 1,440                 | 218            | 720                   | Extension for reply within fourth month                                    |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 128   | 1,960                 | 228            | 980                   | Extension for reply within fifth month                                     |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 119   | 320                   | 219            | 160                   | Notice of Appeal   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 120   | 320                   | 220            | 160                   | Filing a brief in support of an appeal                                     |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 121   | 280                   | 221            | 140                   | Request for oral hearing   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 138   | 1,510                 | 138            | 1,510                 | Petition to institute a public use proceeding                              |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 140   | 110                   | 240            | 55                    | Petition to revive - unavoidable   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 141   | 1,280                 | 241            | 640                   | Petition to revive - unintentional   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 142   | 1,280                 | 242            | 640                   | Utility issue fee (or reissue)   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 143   | 460                   | 243            | 230                   | Design issue fee   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 144   | 620                   | 244            | 310                   | Plant issue fee  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 122   | 130                   | 122            | 130                   | Petitions to the Commissioner  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 123   | 50                    | 123            | 50                    | Processing fee under 37 CFR 1.17 (q)                                       |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 126   | 180                   | 126            | 180                   | Submission of Information Disclosure Stmt                                  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 581   | 40                    | 581            | 40                    | Recording each patent assignment per property (times number of properties) | 40  |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 146   | 740                   | 246            | 370                   | Filing a submission after final rejection (37 CFR § 1.129(a))              |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 149   | 740                   | 249            | 370                   | For each additional invention to be examined (37 CFR § 1.129(b))           |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 179   | 740                   | 279            | 370                   | Request for Continued Examination (RCE)                                    |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 169   | 900                   | 169            | 900                   | Request for expedited examination of a design application                  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| Other fee (specify) _____   |                       |                |                       |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| *Reduced by Basic Filing Fee Paid   |                       |                |                       |  | SUBTOTAL (3)  | (\$ 170)              |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| <input type="checkbox"/> Deposit Account:<br>Deposit Account Number: 14-1437<br>Deposit Account Name: HOWREY SIMON ARNOLD & WHITE LLP   |                       |                |                       |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| The Commissioner is authorized to: (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.   |                       |                |                       |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| <b>FEE CALCULATION</b>  |                       |                |                       |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740</td></tr> <tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (1)</td><td style="border: 1px solid black; text-align: center;">(\$ 740)</td></tr> </tbody> </table>  |                       |                |                       |  | Large Fee Code  | Large Entity Fee (\$) | Small Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid | 101                   | 740      | 201                   | 370             | Utility filing fee | 740 | 106                | 330 | 206 | 165                                 | Design filing fee |                       | 107            | 510                   | 207             | 255   | Plant filing fee |     | 108 | 740 | 208                    | 370                       | Reissue filing fee |     | 114   | 160 | 214                               | 80                                     | Provisional filing fee |     | SUBTOTAL (1) |     |                                       |  |     | (\$ 740) |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| Large Fee Code  | Large Entity Fee (\$) | Small Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid  |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 101   | 740                   | 201            | 370                   | Utility filing fee   | 740   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 106   | 330                   | 206            | 165                   | Design filing fee  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 107   | 510                   | 207            | 255                   | Plant filing fee   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 108   | 740                   | 208            | 370                   | Reissue filing fee   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 114   | 160                   | 214            | 80                    | Provisional filing fee   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| SUBTOTAL (1)  |                       |                |                       |  | (\$ 740)  |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>20**</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Independent Claims</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Multiple Dependent</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> <tr><td colspan="5" style="text-align: right;">SUBTOTAL (2)</td><td style="border: 1px solid black; text-align: center;">(\$ 0)</td></tr> </tbody> </table> |                       |                |                       |  | Total Claims  | Extra Claims          | Fee from below | Fee Paid              | 20**            | 0        | 0                     | 0        | Independent Claims    | 0               | 0                  | 0   | Multiple Dependent | 0   | 0   | 0                                   | Large Fee Code    | Large Entity Fee (\$) | Small Fee Code | Small Entity Fee (\$) | Fee Description | Fee Paid  | 103              | 18  | 203 | 9   | Claims in excess of 20 |                           | 102                | 84  | 202   | 42  | Independent claims in excess of 3 |  | 104                    | 280 | 204          | 140 | Multiple dependent claim, if not paid |  | 109 | 84       | 209    | 42  | ** Reissue independent claims over original patent |   | 110 | 18  | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) |     |     |     |     | (\$ 0)                                  |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| Total Claims  | Extra Claims          | Fee from below | Fee Paid              |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 20**  | 0                     | 0              | 0                     |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| Independent Claims  | 0                     | 0              | 0                     |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| Multiple Dependent  | 0                     | 0              | 0                     |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| Large Fee Code  | Large Entity Fee (\$) | Small Fee Code | Small Entity Fee (\$) | Fee Description  | Fee Paid  |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 103   | 18                    | 203            | 9                     | Claims in excess of 20   |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 102   | 84                    | 202            | 42                    | Independent claims in excess of 3  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 104   | 280                   | 204            | 140                   | Multiple dependent claim, if not paid                                      |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 109   | 84                    | 209            | 42                    | ** Reissue independent claims over original patent                         |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| 110   | 18                    | 210            | 9                     | ** Reissue claims in excess of 20 and over original patent                 |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| SUBTOTAL (2)  |                       |                |                       |  | (\$ 0)  |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |
| **or number previously paid, if greater; For Reissues, see above  |                       |                |                       |  |   |                       |                |                       |                 |          |                       |          |                       |                 |                    |     |                    |     |     |                                     |                   |                       |                |                       |                 |   |                  |     |     |     |                        |                           |                    |     |       |     |                                   |  |                        |     |              |     |                                       |  |     |          |        |     |  |   |     |     |     |     |  |  |              |     |     |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                      |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                           |  |  |  |  |  |                                   |  |  |  |  |              |          |

|                     |                 |                                  |        |                                 |              |
|---------------------|-----------------|----------------------------------|--------|---------------------------------|--------------|
| <b>SUBMITTED BY</b> |                 |                                  |        | <b>Complete (if applicable)</b> |              |
| Name (Print/Type)   | David P. LeCroy | Registration No. Attorney/Agent) | 37,869 | Telephone                       | 202-783-0800 |
| Signature           |                 |                                  |        | Date                            | 09/04/2002   |

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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 10/064,286         | 06/28/2002          | Jan Hellaker          | VTDC0033-US            |

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WASHINGTON, DC 20005



CONFIRMATION NO. 4430

## FORMALITIES LETTER



\*OC000000008416814\*

Date Mailed: 07/09/2002

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

09/06/2002 TBESHAH1 00000069 10064286

FILED UNDER 37 CFR 1.53(b)

01 FC:101  
02 FC:105

740.00 OP  
130.00 OP

*Filing Date Granted***Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 740 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

**Items Required To Avoid Processing Delays:**

The item(s) indicated below are also required and should be submitted with any reply to this notice to avoid further processing delays.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$870** for a Large Entity

- **\$740** Statutory basic filing fee.
- **\$130** Late oath or declaration Surcharge.

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*A copy of this notice **MUST** be returned with the reply.*

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE